



PETERSBURG
WELLNESS ENGAGEMENT
WE WORK TOGETHER TO REDUCE OBESITY

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1. Purpose of this Report

The primary purpose of this report is twofold with the first being to share our findings with the community and with key stakeholders prior to sharing this information outside the community. Though we are still in the process of analyzing data, we want to provide this preliminary report. We do not expect major changes in any of the results reported here but the Wellness Ambassadors (Petersburg residents) are continuing to analyze the data on a more in-depth level. Additionally, the WE project is in the earliest stages of implementing the pilot intervention, and as such no data related to the intervention has been collected. These results will be presented in a later report.

The second purpose of this report flows from the first in that it is our hope that the preliminary findings from this study can serve as the impetus for dialogue around improving health and wellbeing in the Petersburg community.

2. Executive Summary

Background: The Wellness Engagement Project

The Wellness Engagement (WE) project is a research approach to promote health and wellbeing in Petersburg. The WE project is a community-based participatory research study with the long-term goal of impacting health outcomes in Petersburg by working to improve nutritional choices and increase physical activity. The WE (Wellness Engagement) Project is funded by the National Institute for Minority Health and Health Disparities. This is a 3 year funded project – funding started in January 2013 and ends in December 2015.

The WE project was established in partnership with Virginia Commonwealth University (VCU) and Pathways-VA, Inc. a community based organization that provides a wide array of critical services to Petersburg residents including a Free Specialty Clinic and employment and education programs.

- **Vision:** We envision a healthy and active Petersburg achieved through research, community participation and invested neighborhood partners
- **Mission:** To engage neighborhoods and city leadership in a shared process to develop solutions to improve health outcomes related to obesity
- **Tagline:** “WE work together for a healthy Petersburg

Based on the consultations with various community residents and leaders, there is a need for a comprehensive, multipronged, community engaged approach to address poor health outcomes that are prevalent in the Petersburg community. This initiative is a city-wide effort focused on Petersburg’s low income neighborhoods, predominantly African-American, with the family unit as the primary focus.

Structure and Methods

- Leadership
 - Project Directors Maghboeba Mosavel (VCU) and Dwala Ferrell (Pathways)
 - Research Coordinator (VCU)
 - Community Coordinator (Pathways)
 - 10 Community Health Leadership Council Members (CHLC)
 - 18 Wellness Ambassadors (WA)
- WE Project Data:
 - Asset Mapping
 - Key Informant Interviews
 - Focus Groups
 - House Chats
 - Community Surveys
 - Theater
 - Town Hall
 - Pilot Intervention
 - Family based
 - Community based

Process

Community Based Participatory Research (CBPR)

- A widely used definition from the WK Kellogg Foundation defines CBPR as:
 - A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.

Taking community involvement beyond simply being the subject of an experiment, CBPR involves community members at multiple stages in the research project. CBPR studies have included community collaboration in project design, participant recruitment, data collection, and in the interpretation and dissemination of results.¹ As such, community members become partners on the project, rather than mere subjects of an investigation.

The WE Project firmly believes that research should be a collaborative process that brings sustainable change to the targeted community. For this reason, this project emphasized the importance of CBPR methods because it focuses on the:

- Collaborative method of identifying community needs
- Inclusion of community members in all aspects of the research
- Co-learning process between researchers and community members
- Empowerment of community members
- Balance between research and action

Petersburg Wellness Consortium (PWC)

In preparation for this project, we convened several community meetings and subsequently established the Petersburg Wellness Consortium (PWC) to identify and reach consensus on the health issue of significance for Petersburg, as well as to articulate plans for improving health outcomes collaboratively. At these public meetings, obesity was identified as the critical health disparities problem that fuels the progression of many other chronic diseases.

We proposed a multipronged, mixed methods research approach to address the incredibly poor health outcomes in Petersburg by exploring the epidemic of obesity and its association with multiple other chronic conditions. The PWC meets monthly. In October 2013 the PWC created the Million Mile Challenge – a call to all Petersburg residents to collectively move one million miles – in order to increase the number of Petersburg residents engaging in physical activity, to make a dent in the health disparities of the city, and to highlight all the activity already being done by residents. Walking and other movement groups have formed all over the city in response to the challenge, and these miles are captured through logging them online on the American Heart Association website. To date, the million mile challenge has captured over 600,000 miles of movement from community members.

The PWC continues to be an important resource for Petersburg organizations to meet and find grounds on which to collaborate.

The work of the WE project is guided by the Community Health Leadership Council (CHLC) and Wellness Ambassadors (WAs).

Community Health Leadership Council (CHLC)

The Wellness Engagement Project has established a Community Health Leadership Council (CHLC). The CHLC members meet monthly and we have representation from Virginia State Cooperative Extension Services, Petersburg Health Department, Cameron Foundation, Petersburg Public Schools, City of Petersburg Parks and Leisure Services, Mama Ruth's Dialysis, Black Nurses Association, , Petersburg YMCA, La Casa de La Salud, and interested and actively engaged community members. The CHLC serves primarily as an advisory board to the WE project. We project activities are first vetted by CHLC members, who then also take an active role in carrying out the mission of the WE project.

Wellness Ambassadors (WA)

The Wellness Ambassadors are lay persons, active community residents, men and women who are committed to improving health outcomes in their community. Interested members complete an application. Upon selection, Wellness Ambassadors receive training in the research process and human subjects protections. We meet every Monday evening at Pathways. WAs are critical to the success of the WE project, as they are responsible for much of the data collection, analysis and intervention implementation. They have taken an active role in the design of the WE project by providing insights specific to their communities within Petersburg. We currently have 11 WAs., and hope to recruit additional WAs to reach a target of 18.

3. Project Goals and Objectives

The WE project is unique in that it employs a (CBPR) approach. Alongside community partners, the WE project seeks to implement an effective, comprehensive intervention to address the health concerns centered on obesity in the Petersburg community. This intervention is unique in that it was developed based on data specific to the Petersburg community.

The WE project was funded to do the following:

Aim 1: Implement and evaluate the effectiveness of using a community-engaged approach to mobilize a community to address obesity.

Aim 2: Conduct a needs assessment to develop a comprehensive understanding of obesity and to identify interventions that promote increased physical activity and improved nutrition.

Aim 3: Develop and implement a pilot intervention to galvanize the community to increase physical activity and improve nutritional choices and options that will reduce obesity.

4. Preliminary Findings

A. Asset Mapping

Purpose:

As an initial step towards community engagement, we conducted a community wide asset mapping project as part of a larger needs assessment to identify the assets and barriers as it relates to increasing physical activity and improving healthy food choices. Petersburg residents, with the assistance of VCU Urban Planning graduate students, identified assets in their own communities that might be a strength or a barrier when addressing the issue and complications of being overweight. These identified assets were tabulated, categorized and presented through asset maps. The Community Health Leadership Council and the Wellness Ambassadors helped to identify key people in the community for the youth asset mappers to contact.

Participants:

Youth: A total of 14 young people completed the asset mapping project although at least 18 participated in various stages. The youth received a stipend for their participation.

Student Mentors: Nine graduate students from VCU's Urban Planning Department participated in the asset mapping project as part of their internship hours for their academic program. The VCU students served as mentors assisting the local youth in identifying assets in the City of Petersburg for the WE Project. There was no monetary compensation for their participation. A total of 358 assets were identified in the City of Petersburg.

Participant selection:

Youth were recruited via various youth organizations including the local public high school, Appomattox Regional Governor's school, Big Brothers and Big Sisters program, and the Parks and Leisure Department. In addition, Wellness Ambassadors and Community Health Leadership members were asked to distribute flyers to invite interested young people to complete the application. The students from VCU's Urban Planning Department registered internship hours with their advisor, Dr. Meghan Gough. Students led 5 groups of youth, 4 groups were co-led by 2 students. The 4 co-led groups were assigned 2 Wards each, and the group with one leader was assigned one Ward.

Findings:

Breakdown of Assets based on Location

Ward	# of Assets
1	63
2	28
3	41
4	93
5	71

6	37
7	25
TOTAL	358

Breakdown of Assets based on Category

Category	# of Assets
Education	12
Religious	60
Natural Features and Green Space	23
Grocery	32
Recreation	35
Community	22
Institution	14
Garden	9
Transportation	29
Health	4
Retail and Tourism	52
Potential Asset	66
TOTAL	358

Just as partnering with the community in data collection, another unique feature of the WE project is the importance of processing the findings alongside community members. It is through this partnership that the most effective plans for intervention can be devised and implemented.

As such, in addition to the asset mapping and cognitive mapping, the youth and mentors were asked to include short-term and long-term goals that offer recommendations on future projects or programs that can be done in the community.

The short-term goal needed to be a creative idea to promote either physical activity or improved food choices that could be implemented immediately using existing resources that the youth discovered during their asset mapping immersion.

Short-Term Creative Ideas	Description
Information campaign	Use different mediums to reach target audience (murals, fliers, QR codes, billboards)
Cooking classes	Partnership with local businesses to host classes addressing

	healthy eating habits
Stuart Elementary School field days	Maximize the existing facilities in a centrally located resource
“Organized Walk for Nutrition”	Annual walk that has stops along asset partners wherein residents can learn about healthy activities
Community Garden	Host gardening activities led by Boys and Girls Club and Blandford Academy

The long-term creative ideas are recommendations that are bigger in scale, and may take a longer time to implement.

Long-Term Creative Ideas	Description
Restore neighborhood park at Morton Avenue	Put up basketball courts, playground and gardens
Go Green Stores	Create stores selling produce and health food products grown and prepared by residents in community gardens
Build a park at Dupuy and McKinney	Make physical activity fun and accessible by providing the “full park experience” to residents
Weekly health days at Poplar Lawn	Host outdoor workouts (yoga, zumba) and lectures for residents of all ages
“Petersburg Playoff”	Create a seasonal, city-wide multi-sporting event where local schools or teams organize and participate

B. Focus Groups

Purpose:

The focus groups were held November 2013 – March 2014. The goal of the focus groups was to understand the unique challenges and opportunities that must be considered in the development of an intervention to reduce obesity. More importantly, these provided direction as to how the identified challenges can be addressed collaboratively.

Participants:

A total of 6 focus groups were conducted with community based organizations, faith-based groups, healthcare providers, parents, and youth. Groups lasted approximately 60 minutes. All focus groups were audio taped and transcribed.

Participant Selection:

The selection of the groups was informed by the relevance they have for the intended outcomes of the study both in terms of family dynamics and policy. Recruitment was done primarily by the VCU Research Coordinator and Pathways Community Coordinator, with the input of the Wellness Ambassadors and CHLC members.

*Findings: **Common feedback from focus groups included***

Questions	Common Feedback
What are the perceived barriers to being physically active?	<ul style="list-style-type: none"> • “Exercise” is perceived by youth as having to work out either at high intensity or at a vigorous level. • Exercising can be perceived as embarrassing for people who are overweight or obese • Lack of motivation or feeling sad/depressed.
What are the perceived barriers to eating healthier foods?	<ul style="list-style-type: none"> • Lack of familial support. • Diet is associated with not being able to eat what you want. • Feels restrictive. • Cost: Fresh and frozen produce more expensive than canned or unhealthy options
How can families be motivated to be healthier?	<ul style="list-style-type: none"> • Inform families about the importance of living a healthy lifestyle and its rewards or consequences • Education and/or “hands on” demonstrations • Family based nutrition programs.
What types of programs or program elements would motivate people to be healthy?	<ul style="list-style-type: none"> • Rewards and recognition can be used as tools to motivate <ul style="list-style-type: none"> ○ “Healthy Neighborhood Awards” ○ “Giveaways for meeting healthy goals set by City or organizations” • Attention grabbing events (e.g. Family Weight Loss Battle, community walks) • Marketing events that are consistent with being healthy.

* **More than 90% of focus group** participants identified obesity as being a major concern for Petersburg.

C. Key Stakeholder Interviews

Purpose

Key stakeholder interviews were qualitative in-depth interviews with key community leaders who have insights about issues related to healthy living that will be useful in the development of the intervention. The purpose of these key informant interviews was to collect information from a wide range of key stakeholders.

Participants:

Key stakeholders including school board members, pastors, health inspector, the City Planner, grocery store/convenience food stores/fast food restaurant owners, manager of the farmers market, Dietary Director for the Petersburg school system, Virginia Department of Health-WIC Director, and Food Bank directors.

Participant Selection:

Forty in-depth face-to-face interviews were conducted with key informants representing various sectors of the community. These stakeholders were predefined based on the key components of the intended outcome for the intervention. The face-to-face interviews lasted about 30 minutes. Dr. Mosavel and WE project study personnel were responsible for recruiting participants and facilitating interviews.

Findings: Common Feedback from Key Informant Interviews included:

Question	Common Responses
Do you consider the issue of obesity or being overweight to be a problem in Petersburg?	<ul style="list-style-type: none"> • Majority believe being overweight is a problem in Petersburg
What are some beliefs, attitudes and/or personal barriers that people have about food and weight that may make it difficult to eat healthier and exercise?	<ul style="list-style-type: none"> • Belief that healthy foods do not taste good • Lack of education on value of healthy eating, and what is healthy and how to prepare it • No time to prepare healthy meals • Meetings and functions often include unhealthy foods
What are some of the structural barriers?	<ul style="list-style-type: none"> • Broken or missing sidewalks (neighborhoods are not walkable) • Crime rates and poor lighting make walking/running unsafe • Limited access and affordability of fresh and healthy foods
What local initiatives would you like to see that could make it easier for Petersburg residents to buy and access fresh fruits and vegetables in their neighborhoods?	<ul style="list-style-type: none"> • More and better quality grocery stores • Nutrition/physical education available to residents • Healthier foods at food banks and church drives • More free opportunities for fun physical activity (soccer, zumba, group exercise)
What advice do you have for the WE project as we work towards creating a culture of health and wellness in Petersburg?	<ul style="list-style-type: none"> • Partner with existing entities to maximize impact • Educate population on the value of health, and how to be more healthy • Advertise, get the word out and get people excited

D. House Chats

Purpose:

House chats are small, group conversations with members of shared social networks. Community members lead several house chats. House chat leaders received training to lead conversations about:

- 1) family and community strengths and barriers to reduce obesity
- 2) cultural understanding of obesity, and
- 3) suggestions for an intervention that is multi-focused and “Petersburg relevant” and can increase physical activity and improve food choices for families.

The house chats lasted about an hour. Wellness Ambassadors (WA) and House Chat Leaders conducted the House Chats.

Participants:

As the House Chat process was underway, it was clear the WA were not going to be able to conduct the number of House Chats initially set for the project. To address this need without hiring significant numbers of WA, which would be a time consuming process, a new position of House Chat Leader (HCL) was created. In late March the House Chat Leader program was rolled out, and 11 HCLs were subsequently trained on the house chat leader procedures. Of those, seven conducted House Chats and three ultimately became Wellness Ambassadors

Participant Selection:

WAs and HCLs recruited Petersburg residents over the age of 18 for the House Chats, with the aim of getting approximate representation from all seven Petersburg City Council wards and from a diverse set of respondents. HCLs and WAs were informed they may recruit family members for their House Chat, but no more than two, preferably of two different generations, from the same household.

*Findings: **Common feedback from House Chats included***

Question	Common Responses
Do you consider the issue of obesity or being overweight a problem in Petersburg?	<ul style="list-style-type: none">• Most agreed that obesity is a problem• Many specifically point to obesity in children and youth
How do you define a healthy diet?	<ul style="list-style-type: none">• Portion control• Eating more fruits and vegetables• Limiting certain unhealthy foods (eg. sugar, processed foods, fried foods)
Do you think you and/or your family need to eat healthier?	<ul style="list-style-type: none">• Overwhelming majority say yes• Eating healthier is easier said than done; unhealthy foods are cheaper, taste better and are more convenient
What are some of the things that make it difficult for people to eat healthy in your family or community?	<ul style="list-style-type: none">• Lack of time to prepare healthy meals• Cannot afford to purchase healthier foods• Cannot get to the places that sell better quality and healthier foods• General lack of education on what is healthy and how to prepare it
What are some of the changes that you would need to make to achieve that healthy	<ul style="list-style-type: none">• Planning and preparing healthy foods and meals in advance

diet?	<ul style="list-style-type: none"> • Reducing consumption of unhealthy foods; reducing access to unhealthy foods in public places • Build healthier eating habits gradually, rather than trying to change everything at once
What are some of the things that make it difficult for you and your family to get exercise?	<ul style="list-style-type: none"> • Lack of time to exercise • Lack of personal commitment or consistent exercise routine • Gyms and fitness centers are cost prohibitive • High crime and poor lighting makes walking/running unsafe
What are some of the changes you or your family would have to make to become more physically active?	<ul style="list-style-type: none"> • Make exercise a family-based, social affair to get people excited • Structural or environmental changes need to be made to make physical activity more feasible for families
What advice do you have for the WE project?	<ul style="list-style-type: none"> • Advertise and plan community based events • Educate residents on the importance of eating healthy and exercising, and how to do it • Offer more convenient access to healthy foods and produce • Engage all ages groups and create a “stigma-free” atmosphere • Offer more free opportunities for exercise

E. Community Survey

Survey Implementation

The WE Project recruited Petersburg residents over the age of 18 with the aim of getting proportionate representation from all seven wards and from a diverse set of respondents. Surveys were gathered almost exclusively through reliance on community research partners and members of the CHLC as part of the CBPR approach, with at least 150 of the surveys distributed by WE research staff.

The one-page double sided survey took, on average 5-7 minutes to complete. Potential respondents were approached by a WE, CHLC or PWC member at events and public locations. Members were available to explain the goals of the WE project and the purpose of the survey. Ethics approval was received from the institutional review board of the academic institution.

Purpose:

The goal of the survey was to obtain data from diverse respondents in the Petersburg community regarding the perception of obesity and directions for interventions. The survey data provides observations about participant attitudes toward obesity and directions for interventions. Study personnel collected survey data from a total of 1,313 individuals within the Petersburg community. The city of Petersburg is divided into seven wards. Each ward selects a representative to the city council. A total of 1,313 individuals participated in the survey, of which 1,044 resided within the city of Petersburg.

Participants:

There were 333 male participants (32%) and 707 female participants (68%). Participants were grouped by age; 29% were 18-34 y/o (n= 300), 18% were 35-44 y/o (n=184), 36% were 45-63 y/o (n=381), and 14% were 65 y/o or older (n=153).

Participant Selection:

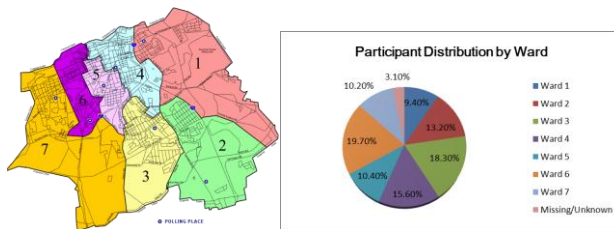
The WE Project recruited Petersburg residents over the age of 18 with the aim of getting proportionate representation from all seven wards and from a diverse set of respondents. The rationale was that the Wellness Ambassadors and the members of the Community Health Leadership Council were representative of the Wards in Petersburg and by virtue of this extensive network of community workers, we would have a representative sample. Surveys were gathered almost exclusively through reliance on community research partners and members of the CHLC as part of the CBPR approach, with at least 150 of the surveys distributed by WE research staff.

Findings:

40% of participants knew the name of the councilperson for their ward. Prior to taking the survey, 29% of the participants were familiar with the Petersburg Million Mile Challenge, 23% were familiar with the Petersburg Wellness Consortium, and 33% were familiar with the WE project. The following tables list the percentages to which participants agreed (strongly agree and agree) to the survey statements.

Survey Question	Agree N (%)
1. Obesity or being overweight is an important health issue to address in Petersburg	971 (93)
2. Weight is an important health issue in my own family.	860 (82)
3. My neighborhood is a safe place for my family and me to engage in physical activity.	829 (70)
4. I would like to eat healthier and I need support and encouragement to make behavior changes.	881 (84)
5. I would like to eat healthier and I need more education about the right foods to eat and cook	831 (80)
6. I would like to exercise more or be more physically active, but I need support and encouragement to make behavior changes.	851 (82)
7. I cannot afford to buy health foods to eat.	488 (47)
8. Fresh fruits and vegetables are not usually available for purchase at my local neighborhood store. Being as healthy as we can be is important to my family and me.	443 (42) 996 (95)

Petersburg Ward Map



Survey Question	Wards N (%)						
	1	2	3	4	5	6	7
1. Obesity or being overweight is an important health issue to address in Petersburg.	87 (89)	127 (92)	178 (93)	153 (94)	101 (93)	188 (91)	106 (99)
2. Weight is an important health issue in my own family.	82 (84)	126 (91)	159 (83)	128 (79)	90 (83)	156 (76)	94 (88)
3. My neighborhood is a safe place for my family and me to engage in physical activity/exercise.	57 (58)	113 (82)	164 (86)	106 (65)	54 (50)	128 (62)	90 (84)
4. I would like to eat healthier and I need support and encouragement to make behavior changes.	85 (87)	117 (85)	158 (83)	131 (80)	93 (85)	178 (86)	91 (85)
5. I would like to eat healthier and I need more education about the right foods to eat and cook.	80 (82)	111 (80)	156 (82)	119 (73)	87 (80)	165 (80)	87 (81)
6. I would like to exercise more or be more physically active, but I need support and encouragement to make behavior changes.	77 (79)	116 (84)	155 (81)	132 (81)	90 (83)	160 (78)	94 (88)
7. I cannot afford to buy health foods to eat.	49 (50)	50 (36)	84 (44)	85 (52)	68 (62)	99 (48)	35 (33)
8. Fresh Fruits and vegetables are not usually available for purchase at my local neighborhood store.	45 (46)	42 (30)	44 (23)	91 (56)	65 (60)	99 (48)	45 (42)

9. Being as healthy as we can be is important to my family and me.	91 (93)	132 (96)	181 (95)	157 (96)	104 (95)	198 (96)	104 (97)
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5. Community Report Back Events

In adherence with CBPR principles, the WE project has held two “Report Back” events in the Petersburg community. The purpose of these events has been to present to the community what has been learned thus far, and to solicit feedback on these findings.

Town Hall

We hosted one large town hall style meetings with approximately 150 residents in attendance. Families, including children, were invited to the town halls. Youth will be centrally engaged in the process and will also be part of the plays at the town hall. The town hall was one of two culminating **report back events** that synthesized the data from the various methods used in the needs assessment. Additionally, the town hall format not only allowed the residents to corroborate, refute or add to the findings but provided residents the opportunity to assess the value of a systematic research process. The town hall meeting is another means of further ensuring that the WE intervention has strong **translational** potential by providing residents with a forum to provide collective and direct input about how the findings should inform an intervention that will be Petersburg “owned and implemented.” The town hall meeting focused primarily on the assets identified in the asset mapping project, and attendees were encouraged to add to the data by including assets that they identified in their own communities.

Theater

Using theater as a means of dissemination and data gathering is based on the concept of **edutainment** that is used worldwide as a form of education, entertainment, information gathering and validation ²⁻⁶. Dr. Mosavel has used this method successfully in previous research ⁷. The WE project worked in conjunction with The Conciliation Project to create and present a play titled “Changes and Choices: Life and Health Decisions”. This play was scripted using data collected by the WE project, and specifically sought to incorporate Petersburg references in an effort to truly ground the presentation within the community. After the play, a brief discussion was held with those in attendance that focused on the feelings the play incited, and ways to use the information presented to make healthier nutritional and physical activity choices. A brief survey was administered to gauge reactions to the play and to determine whether or not the objectives of the play had been met. Responses were overwhelmingly positive and nearly all in attendance understood clearly the messages the play intended to impart viewers with. There were more than 250 attendees at this event.

Community Field Day

A community field day will be hosted by the WE project in early to mid Spring of 2015. In addition to other fun and family oriented activities, a series of short plays will be developed and presented at this event.. The research team will work closely with the theater group to ensure that these short plays accurately convey the data and information that we have gathered from the Petersburg community.

6. What's Next? The WE Pilot Intervention

Based on the data presented in this report, the WE project and its Petersburg community partners have developed a multi-level intervention grounded in CBPR principles. This intervention has been developed to impact obesity and health at three levels: the individual level, the family level and the community level. The intervention has been designed to involve all members of the family, and specifically targets heads of household and middle and high school youths. It is our hope that this program will offer participants the knowledge, skills and motivation necessary to make nutritional and physical activity changes that promote health. Several events will take place that will be open to the entire community; in addition to impacting individuals and families, the WE project hopes to create an overall culture of wellness within the targeted communities.

Because this is a pilot intervention, it will be tested on a small scale to determine the acceptability and feasibility of the intervention design and methods. It is our hope that, if successful, the WE project will apply for funding to implement this intervention on a wider scale. However, for the purposes of this smaller scale intervention, the WE project will focus on wards 1 and 6. These two wards were identified and selected based on a rigorous process that included comparisons of demographic make up within the communities, readiness and need as identified through the community surveys, and number and types of assets, for comparability. Wards 1 and 6 proved most similar in terms of median household income, average resident age, and availability of assets. They also proved similar in terms of need and readiness for a nutritional and physical activity focused program. These two wards were also selected because the socio-demographic data showed mixed populations, meaning that these areas are home to a range of incomes and ethnicities. This allows us to determine if there are differences in the impact of the intervention based on factors such as household income.

If you would like more information on the work the WE project has done, or on how to become involved, please contact:

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References

1. Israel BA, Eng E, Schulz AJ, Parker EA, eds. *Methods in Community-Based Participatory Research for Health*. 1st ed. San Francisco: Jossey-Bass; 2005.
2. Fox H. Playback theatre: Inciting dialogue and building community through personal story. *The Drama Review*. 2007;51(4):89-105.
3. Good M. Who is your neighbor?: Playback theatre and community development: Centre for Playback Theatre 2003:1-10.
4. Halley S, Fox, J. Playback theatre. *Supportive Methods*.561-572.
5. Park-Fuller LM. Audiencing the audience: Playback theatre, performative writing, and social activism *Text and Performance Quarterly*. 2003;23(3):288-310.
6. Singhal A, ed *Entertainment-Education and Social Change: History, research, and practice*. Mahwah, NJ: Lawrence Erlbaum 2004. Singhal A, ed.
7. Mosavel M, Thomas T. Project REECH: Using Theater Arts to Authenticate Local Knowledge. *Journal of New Solutions A Journal of Environmental and Occupational Health Policy*. 2009;19(4):407-422.